

CHDP PROVIDER DATA SHEET

For Local CHDP Program Use Only

Local CHDP Program: _____ Date: _____ County/city program code

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Prepared by: _____ Phone: () _____

1. Transaction Code <input type="text"/> 1-New <input type="text"/> 2-Change <input type="text"/> 2-Inactivate <input type="text"/> 2-Reactivate <input type="text"/> 2-Add Additional Location <input type="text"/> 2-Add New Owner	2. Primary/Lab <input type="text"/> 1-Primary <input type="text"/> 3-Laboratory	3. Category <input type="text"/> 1-Health assessment only <input type="text"/> 3-Laboratory services only <input type="text"/> 4-CCC with referrals <input type="text"/> 5-CCC without referrals	4. A. Status Code and Date Effective <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="text"/> 1-Active <input type="text"/> 2-Inactive </div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td colspan="2">Year</td> </tr> </table> </div> </div> B. <input type="text"/> Reason for Inactivation (See page 2 for codes)					Month	Day	Year	
Month	Day	Year									

5. **Provider ID Number** 6. **Type** 7. **Tax ID Number or SSN** 8. **Phone Number**

9. Name and Current Service Location (Use only 30 characters, including spaces, per line)

Name

Use line B ONLY to extend name

Service Location (Include suite/room number/letter)

D. City State ZIP Code -

E. Email Address

10. Name and New Service Location (Use only 30 characters, including spaces, per line)

A. Last, First, Title

Name

B.

Use line B ONLY to extend name

C. Street

Service Location
(Include suite/room number/letter)

D. City

State

ZIP Code

E. Email Address

Email Address

[illegible][illegible]

14. CLIA number

Type: ☐ Waiver ☐ PPM ☐ Certificate ☐ Accreditation

15. Signature of CHDP Program Director

DO NOT WRITE BELOW DOUBLE LINE— FOR STATE USE ONLY

Comments:

Date received: _____ Date processed: _____ ☐ Letter bypass ☐ CHDP Flag on Medi-Cal

INSTRUCTIONS FOR COMPLETING PROVIDER DATA SHEET (PM 177)

Type or use blue ink. Leave one space between words and no spaces between letters in a title. Do not use punctuation except if hyphenated name.

Please complete, as necessary, all of the corresponding data elements on the PM 177. This form is to be completed by the local CHDP Program.

1. Transaction Code

- New - Enter code "1" when a provider is new to the CHDP Program, adds a new office site with a different provider number, or changes provider number.
- Change - Enter code "2" when name, address or email information previously submitted is changed.
- Inactivate - Enter code "2" when inactivating a provider number.
- Reactivate - Enter code "2" when reactivating a provider number.
- Add Additional Location - Enter code "2" when adding another service location to an existing provider file.
- Add New Owner - Enter code "2" when reporting new ownership of a business whose NPI number will be retained at the same business location.

When conducting a "2" transaction, please check the appropriate line to indicate the action required and highlight in yellow only the area of text that is changing (do not highlight in margins to indicate change).

2. Primary/Lab Code

- Primary Provider - Enter code "1" when approved provider is responsible for provision of all the health assessment components.
- Lab Provider - Enter code "3" when approved provider performs only laboratory services.

3. Category Code

- Health Assessment Only - Enter code "1" to indicate approval to participate as Health Assessment Only Provider.
- Laboratory Services Only - Enter code "3" to indicate approval to participate as laboratory services only provider.
- CCC With Referrals - Enter code "4" to indicate approval to participate as a Comprehensive, Continuous Care Provider which will accept new patient referrals from the CHDP Program.
- CCC Without Referrals - Enter code "5" to indicate approval to participate as a Comprehensive, Continuous Care Provider which does not accept new patient referrals.

4. A. Status Code and Effective Date

- Active - Enter code "1" when approved to be a new provider or when reactivating a previous provider. Enter the date the provider can begin to provide services. (This date can be earlier than the date the PM 177 is submitted. The date must NOT be earlier than the provider's active date on the Medi-Cal file.)
- Inactive - Enter code "2" when a provider or provider number is inactivated with the CHDP Program. Enter the date inactivated. (Contact the Children's Medical Services (CMS) Branch, Provider Services Unit to obtain inactivation date from Medi-Cal file.)

B. Reason for Inactivation

If item 4A is marked 2-Inactive, indicate the major reason for inactivation using the following codes:

- = Initiated by Medi-Cal
- = Noncompliance with CHDP Program standards
- = Moved out of area
- = Reimbursement issues
- = Dissatisfaction with program requirements
- = Declining client population in service area
- = Other

5. Provider ID Number

Enter the provider's Medi-Cal provider number (10 digit NPI effective November 2007).

6. Type

Enter the provider type code. Refer to the CHDP Local Program Guidance Manual, "Branch Notification of Provider Data" chapter.

7. Tax ID Number or SSN

Enter the federal tax ID number as verified by letter from Internal Revenue Service. If unavailable, use social security number (SSN).

8. Phone Number

Enter the number for use to communicate with provider about claims.

9. Name and Current Service Location. This field must be used when adding a new CHDP provider number (must match the Medi-Cal file) or when updating an existing provider's service location when the provider only has one service location registered to its NPI.

- 9A - Enter the provider's name and title.
9B - Use this line only if necessary to extend name.
9C and 9D - Enter the provider's service location including suite or room number.
9E - Enter the provider's email address.

NOTE: It is not necessary to complete Number 10 when making a change to the address field if the provider only has one address associated to its NPI.

10. Name and New Service Location. This field must be completed (in conjunction with Number 9) when updating one of the existing service locations registered to the provider's single NPI. This field is also used when adding an additional service location for a provider with more than one location registered to its single NPI.

- 10A - Enter the provider's name and title.
10B - Use this line only if necessary to extend name.
10C and 10D - Enter the provider's new service location when an address has changed or a new service location is being added to the provider's file.
10E - Enter the provider's email address.

11. For Use by Los Angeles County Only

12. "Pay-to" Name and Address

- 12A - Pay-to name. Note: Enter "County Treasurer" as "Pay-to" for all county facilities.
12B - Use this line only if necessary to extend name.
12C and D - Enter the provider's P. O. Box or "Pay-to" address.

13. Other Provider Numbers

Enter all other active provider numbers used by this provider on the Medi-Cal and/or CHDP Provider Files.

14. CLIA Number

Enter CLIA number for all providers who perform laboratory services. Place an "X" in boxes for type of certificate.

15. Signature

All PM 177s must be signed by the local CHDP Program Director.

INFORMATION SUBMITTED MUST MATCH THE INFORMATION ON THE MEDI-CAL PROVIDER MASTER FILE.

NEW PROVIDERS SHOULD NOT SUBMIT CLAIMS UNTIL WRITTEN NOTICE IS RECEIVED FROM THE STATE. PROVIDERS FOR WHOM CHANGES IN INFORMATION ARE SUBMITTED SHOULD EITHER HOLD THEIR CLAIMS OR USE THE OLD INFORMATION UNTIL THEY RECEIVE NOTICE THAT THE CHANGES ARE IN THE CHDP PROVIDER MASTER FILE.